



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Barden et al.  
Title: MEANS AND METHODS FOR  
DIAGNOSING AND TREATING  
AFFECTIVE DISORDERS  
Appl. No.: Unknown  
Filing Date: 04/16/2004  
Examiner: Unknown  
Art Unit: Unknown



**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Nicholas BARDEN

Inge SILLABER

Marcelo PAEZ-PEREDA

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Application Data Sheet (37 CFR 1.76) (3 pages).

☒ Preliminary Amendment, including replacement Abstract (27 pages).

☒ Specification, Claim(s), and Abstract (163 pages).

- ☒ Formal drawings (41 sheets, Figures 1a-1i, 2-15, 16a-16e, 17-18, 19a-19c, 20-24).
- ☒ Statement to Support Filing and Submission in Accordance with 37 C.F.R. §§1.821-1.825 (1 page).
- ☒ Sequence Listing (70 pages).
- ☒ Computer Readable Format(CRF) of Sequence Listing.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	56	-	20	=	36	x	\$18.00	=	\$648.00
Claims:									
Independents	10	-	3	=	7	x	\$86.00	=	\$602.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee					+		\$130.00	=	\$130.00
							SUBTOTAL:	=	\$2150.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):								=	\$1,075.00
							TOTAL FILING FEE:	=	\$1,075.00

- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 16, 2004

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